

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
December 10, 2014

Meeting Location: CT Behavioral Health Partnership, 500 Enterprise Drive, Rocky Hill

Members Present: Rohit Bhalla; Aileen Broderick; Mehul Dalal; Deb Dauser Forrest; Daniela Giordano; Elizabeth Krause; Kathy Lavorgna; Steve Levine; Arlene Murphy; Robert Nardino; Meryl Price; Jean Rexford; Andrew Selinger; Todd Varricchio; Steve Wolfson; Thomas Woodruff

Members Absent: Gregory Barbiero; Mark DeFrancesco; Karin Haberlin; Kathleen Harding; Gigi Hunt; Donna O'Shea; Rebecca Santiago

Other Participants: Mark Schaefer; Robert Zavoski

1. Call to order

The meeting was called to order at 6:17 p.m.

2. Public Comment

There was no public comment.

3. Minutes

Approval of minutes was postponed to the next meeting.

4. Defining Council Outputs and Roadmap

Mark Schaefer shared a revised version of the last presentation which reflects changes based on concerns raised by consumer advocates ([see presentation here](#)). The changes are intended as clarifications. Dr. Schaefer said they may not necessarily resolve all issues but the goal is to make various elements of the process more explicit. He noted that Jean Rexford had requested an overview of value based payment. The Program Management office is in the process of executing a contract for consultative support and their information will be shared. They are not tasked with responsibility for facilitating Quality Council meetings, but they may provide ad hoc assistance with issues that arise from the Council.

Arlene Murphy expressed concern about discussing implementation of the measures before they decided which measures they were going to use. Thomas Woodruff asked about weighting the measures on the scorecard. Todd Varricchio said that they are not at that point. He said that they first need to determine which measures they would like to use and then decide how to use them. Dr. Schaefer said they are just identifying potential measures. He noted that, for the time being, they will focus on measures that make sense for commercial and Medicaid populations. Steve Wolfson said that there are Medicare measures that do apply to the general population and those will be identified as they go through the process.

Dr. Schaefer reviewed a sample core measurement set ([see sample set here](#)). Meryl Price asked how the set would work for Medicaid. Robert Zavoski said that when the measure set is adopted, Medicaid will look at it for its appropriateness for their population and share it in accordance with their legislative process. It would then be used all or in part as appropriate. Dr. Schaefer said he anticipated they would not get into specific weighting. He noted that Medicare generally weights each with two points and then uses benchmarks to chip away at the points. Payment is determined by a combination of measure performance and domain weight. Andrew Selinger asked what would happen if they met quality targets but did not show savings. Mr. Varricchio said that it depends on the model. Plan sponsors want to see value for their money. If a provider has already achieved efficiency targets, they can be rewarded for that. The aim cannot be efficiency at the sake of quality of care. Dr. Wolfson asked if the Council should differentiate between pediatric, adult, and

obstetrical measures. Dr. Schaefer said that could come up in group discussions. The PMO included obstetrics as adult measures as that is a denominator, much in the way a COPD diagnosis is its own denominator.

Rohit Bhalla said that they could articulate principles for weighting the domains. Steve Levine said that dilution occurs for domains with many measures. Dr. Schaefer said that in their report, they will need to speak to the issue of weighting regardless of how they decide to address the issue. There may be ways they can achieve their goal of having health equity and care experience matter. Deb Dauser Forrest said the way she understood it, value based payment would be at the discretion of the payers. She said she would need to go back to her leadership if the Council wanted them to align on value based payment. Mr. Varricchio said that it is one thing to discuss guidance and recommendations but another to mandate changes. The payers have value based contracts in place that would need to be reopened. He also said the more that is mandated, the more expense it is for the payers to implement. Kathy Lavorgna asked whether there were similarities or differences in terms of how the payers weighted measures. Mr. Varricchio said the payers were currently working through that and will share their common measures with the Council. Dr. Wolfson said that there should be guidelines on how items are weighted. He said he would be concerned if a payer weighted care experience a zero. Dr. Levine asked if they would get to a point where consumers can compare payer contracts based on the valuations that payers place on those contracts. Mr. Varricchio said he could not officially answer that question on Aetna's behalf but that they were moving towards greater transparency. Mr. Woodruff said that there have been brochures created for the insurance exchange that show plans where all providers in the network are members of ACOs and those plans are five to 7 percent lower in price than other plans. There are baby steps towards opening up that information.

The Council discussed potential goals. If they identified four diabetes measures, the expectation is to align measures that have been identified as the best for that condition. Ms. Murphy said she thought they were starting with alignment of Medicare measures. She said that moving toward a menu of options could have a number of implications. She asked what would happen if a payer decided not to measure a particular condition. Dr. Wolfson proposed including that is an agenda item at the next meeting. Mr. Varricchio said that as they develop the essential measure set and think about how the measure set will be used, the answer to that question will be more apparent.

The consumer advocate measures shared their principles ([see principles here](#)). The principles will guide their review process. Elizabeth Krause said they may not weigh in on every measure but they will prioritize the measures from a consumer perspective. Dr. Wolfson asked how they were defining whole person centered care. Ms. Krause said they were working from the definition in the State Healthcare Innovation Plan. Dr. Wolfson suggested they highlight that. Ms. Krause asked what the expectation was for the group review. Dr. Schaefer said the expectation was that each group would develop opinions on the measures and go by the groups' recommendations. He said there can be meetings of each group to get through the measures. They will begin consensus discussions at the next week's meeting and get through as much of the measure list as possible. They could schedule additional meetings as necessary.

5. Adjourn

The meeting adjourned at 7:11 p.m.